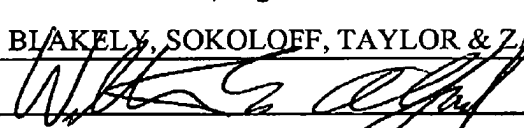


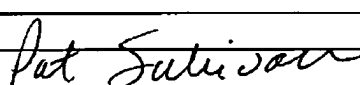
FACSIMILE: (714) 557-3347

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/666,570
		Filing Date	September 19, 2003
		First Named Inventor	Kumar Ganapathy
		Art Unit	2111
		Examiner Name	Kenneth S. Kim
Total Number of Pages in This Submission	12	Attorney Docket Number	42P14031D2D

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Facsimile Transmittal Sheet</div>
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William E. Alford, Reg. No. 37,764 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	November 23, 2004

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan	Date	November 23, 2004
Signature			

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/666,570
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METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account

Deposit Account Number: 02-2666
 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments
☒ Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION
1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	780	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES

Total Claims: 10, 2d* = 0 x 18.00 = \$0.00
 Independent Claims: 2, 3* = 0 x 88.00 = \$0.00
 Multiple Dependent

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple Dependent claim, if not paid	
1204	88	2204	44	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$)

*or number previously paid, if greater, For Reissues, see below

FEE CALCULATION (continued)
3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or osth	
1052	80	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	980	2253	490	Extension for reply within third month	
1254	1,530	2254	765	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1404	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	480	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
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1801	780	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

SUBMITTED BY

Name (Print/Type) William E. Atford

Signature

Registration No.
(Attorney/Agent)

37,764

Telephone

(714) 557-3800

Date

11/23/04

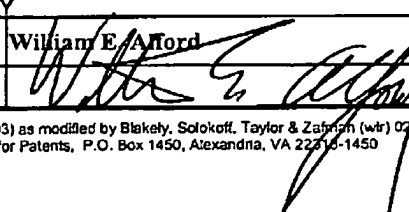
Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (w/11/22/10/2004).
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2004		<i>Complete if Known</i>	
<small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Application Number	10/666,570
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	September 19, 2003
		First Named Inventor	Kumar Ganapathy
		Examiner Name	Kenneth S. Kim
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Art Unit	2111
		Attorney Docket No.	42PT4031D2D

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.18, 1.17, 1.18 and 1.20. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account	3. 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1203	300	2203	150	Multiple Dependent claim, if not paid																																																																																									
1204	88	2204	44	**Reissue independent claims over original patent																																																																																									
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent																																																																																									
SUBTOTAL (2)					(\$) 0.00																																																																																								

*or number previously paid, if greater. For Reissues, see below

SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	William E. Afford	Registration No. (Attorney/Agent)	37,764
Signature		Telephone	(714) 557-3800
		Date	11/23/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/10/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22316-1450

Appl. No. 10/666,570
Dated 11/23/2004
Reply to Office Action of 10/26/2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No.: 10/666,570 Confirmation No. 8599
Applicant : Kumar Ganapathy
Filed : 09/19/2003
For: INSTRUCTION SET ARCHITECTURE FOR SIGNAL
PROCESSORS
TC/A.U. : 2111
Examiner : Kenneth S. Kim

Docket No. : 42P14031D2D
Customer No. : 8791

RESPONSE TO RESTRICTION REQUIREMENT
AND
PRELIMINARY AMENDMENT

Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

Dear Sir:

In response to the Office Action of 10/26/2004, please enter the following amendments and remarks in the above-identified patent application as follows below:

CLAIMS listing begins on page 2.

REMARKS begin on page 6.

CONCLUSION with signature is on page 8.

42P14031D2D

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WEA/phs